



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 FEB -3 110:38

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN	H.	808/536-7557
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/599-4340
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
RADCLIFFE & ASSOCIATES, LLC			808/536-7557
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/599-4340
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813-2453	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE 202-293-1966	
MOTION PICTURE ASSOCIATION OF AMERICA, INC.		
MAILING ADDRESS (Street)	FAX 202-293-1299	
1600 EYE STREET, NORTHWEST		
(City)	(State)	(Zip Code)
WASHINGTON	DC	20006
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 202-293-1966	
VANS STEVENSON		
MAILING ADDRESS (Street)	FAX 202-293-1299	
1600 EYE STREET, NORTHWEST		


(City)	(State)	(Zip Code)
WASHINGTON	DC	20006

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

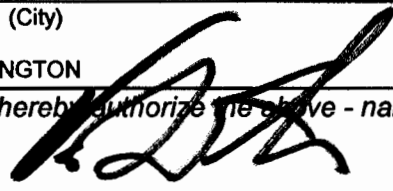
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 31 Jan. 2005
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
VAN STEVENSON		Executive VICE PRESIDENT	
NAME OF ORGANIZATION (if applicable)		TELEPHONE 202-293-1966	
MOTION PICTURE ASSOCIATION OF AMERICA, INC.			
MAILING ADDRESS (Street)		FAX 202-293-1299	
1600 EYE STREET, NORTHWEST			
(City)	(State)	(Zip Code)	
WASHINGTON	DC	20006	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/21/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	